## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08 487974

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |           |                 |  |     |               |              | SMALL               | ENTITY                 | OR   | OTHER THAN SMALL ENTITY |                        |
|---|--|--|-----------|-----------------|--|-----|---------------|--------------|---------------------|------------------------|------|-------------------------|------------------------|
| FOR   | <b>1</b>                                       |  | BER FILED |                 | NUMBER EXTRA                             |     |               |              | RATE                | FEE                    |      | RATE                    | FEE                    |
| BAS   | IC FEE   |  |           |                 |  |     |               |              |                     | 365.00                 | OR   |                         | 730.00                 |
| тот/  | AL CLAIMS                                      |  | ] ] min   | nus 20 =        | *  |     |               | ]            | x\$11=              |                        | OR   | x\$22=                  | ·                      |
| INDE  | EPENDENT CLA                                   | AIMS   | mi        | inus 3 =        | us 3 =   *                               |     |               |              | x38=                |                        | OR   | x76=                    |                        |
| MUL   | TIPLE DEPENE                                   | DENT CLAIM PR  | ESENT     | SENT            |  |     |               | ]            | +120=               |                        | OR   | +240=                   | <u> </u>               |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |           |                 |  |     |               | . [          | TOTAL               |                        | 1    | TOTAL                   | 730                    |
| CLAIMS AS AMENDED - PART II   |  |  |           |                 |  |     |               | 10.77.       |                     | OR                     | • '  |                         |                        |
| 4   | 4  | (Column 1)   | AMENUL    |                 |  |     | ojumn 3)      |              | SMALL               | ENTITY                 | OR   |                         | R THAN<br>- ENTITY     |
| ENT   | 7  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT            |           | PRE             | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR |     | RESENT        |              | RATE                | ADDI-<br>TIONAL<br>EEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMEN  | Total  | *  | Minus     |                 |  | 1   | X             | $\mathbb{N}$ | XA1 AX              | 1                      | OR   | x\$22=                  |                        |
| ME  | Independent                                    | <u> </u>   | Minus     | ***             |  | =   |               | ]\           | x38=                | <del></del>            | OR   | x76=                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |           |                 |  |     |               |              | +120=               |                        | OR   | +240=                   |                        |
|   |  | (Column 1) (Column 2) (Column 3)                     |           |                 |  |     |               |              |                     | \                      | OR , | TOTAL<br>ADDIT. FEE     |                        |
|   | Paid   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT            |           | HI<br>NI<br>PRE | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR | PRI | ESENT<br>XTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| ENDME   | Total  | • 22   | Minus     | **              | 20                                       | =   | 2             |              | x\$11=              |                        | OR   | x\$22=                  | 44                     |
| AMEN  | Independent                                    | • 4  | Minus     | ***             | 3  | =   | /_            |              | x38=                |                        | OR   | x76=                    | 80                     |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |           |                 |  |     |               |              | +120=               |                        | OR   | +240=                   |                        |
|   | /  | (Column 1)   |           | (C              | Column 2)                                | (Cc | olumn 3)      | A            | TOTAL<br>ADDIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE     | 124                    |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT            |           | HI<br>NU<br>PRE | IGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR  | PRE | ESENT<br>XTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDM  | Total  | *  | Minus     | **              |  | =   | ·             | -            | x\$11=              |                        | OR   | x\$22=                  |                        |
| ME  | Independent                                    | *  | Minus     | ***             | ***                                      |     | =             |              | x38=                |                        | OR   | x76=                    |                        |
|   | <u> </u>                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +120= |           |                 |  |     |               |              |                     |                        |      | +240=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |  |  |           |                 |  |     |               |              |                     |                        |      |                         |                        |